



WATER USE REGISTRATION FORM -AGRICULTURAL USE-



GENERAL INSTRUCTIONS - Please complete the following form by filling in the requested information to the best of your ability. This form is generic in nature. If a particular entry does not apply to you, indicate N.A. (not applicable) in the space provided. A topographic map or aerial photograph at a scale of 1:25,000 metric, 1:24,000 English, or larger, must be included. The map should depict all data included on the most current version of the United States Geological Survey topographic quadrangle map of the same geographical area and identify the location of your facility and its point(s) of withdrawal and/or discharge. If a topographic map is not used, a recent aerial photo of the property from the USDA Farm Service Agency (FSA) National Agricultural Imagery Program (NAIP) may be used. The base map should meet the following minimum requirements.

Return to NHDES, NH Geological Survey, PO Box 95, Concord, NH 03302-0095.

NAME OF USER _____

MAILING ADDRESS _____
PO Box – Street#

City or Town State Zip Code

NAME OF FARM _____

LOCATION OF FARM _____
PO Box - Street

City or Town State Zip Code

CONTACT PERSON _____
Name Title

PHONE _____

TYPE OF USE (check):

- | | |
|--|--|
| <input type="checkbox"/> Field Crops (Irrigation and Frost protection) | <input type="checkbox"/> Cleaning and Processing Products |
| <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Cleaning Equipment and Facilities |
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Cooling and Heating |
| <input type="checkbox"/> Livestock Consumption | <input type="checkbox"/> Domestic Use |

Please specify other type if not found above: _____

ADDITIONAL INFORMATION

Is water recycled? [Y] [N]

Percent Recycled _____

Is wastewater reclaimed? [Y] [N]

Percent Reclaimed _____

If Irrigation

Acres Irrigated _____ Type of Irrigation _____

Acres Irrigated _____ Type of Irrigation _____

Acres Irrigated _____ Type of Irrigation _____

Acres Irrigated _____ Type of Irrigation _____

Acres Irrigated _____ Type of Irrigation _____

ESTIMATED USAGE**IN UNITS OF** (check one)

AVG Daily Use _____

☐ GALS ☐ CU.FT.

MAX Daily Use _____

☐ _____ (other)

Annual Use _____

- ☐ The water use at this facility is below the 20,000 gpd threshold. Please register my **exemption**
- ☐ The water use at this facility is below the 20,000 gpd threshold but I would like to report water use

SOURCE/DESTINATION INFORMATION

(Show locations on the map)

PRIMARY SOURCE INFORMATION: (USE PAGE 4 FOR ADDITIONAL SOURCES)

SOURCE 1: Source Name: _____

☐ Ground Water ☐ Surface Water ☐ Supplied by Others _____
(specify water supplier)

If ground water, type of well

☐ Drilled in gravel ☐ Drilled in bedrock ☐ Dug ☐ Other (describe) _____

Source Location: _____
Street Town Zip

Is this source for a specific type of water use? ☐ YES ☐ NO Type: _____

Method of Measurement: ☐ Meter ☐ Flume/Weir ☐ Other _____

Facility Physical Limit _____ (Units) _____
(Maximum amount of water which can be withdrawn)

Please describe the factors affecting the facility physical limit: _____
(pump capacity, permit limit, etc.)

PRIMARY DESTINATION INFORMATION: (USE PAGE 5 FOR ADDITIONAL DESTINATIONS)

DESTINATION 1: Destination Name: _____

☐ Ground Water ☐ Surface Water ☐ Delivered to Others
☐ Snowmaking ☐ Irrigation
☐ Other (describe) _____

Destination Location: _____
Street Town Zip

Is this destination for a specific type of water use? ☐ YES ☐ NO Type: _____

Method of Measurement: ☐ Meter ☐ Flume/Weir ☐ Other _____

Facility Physical Limit _____ (Units) _____
(Maximum amount of water which can be withdrawn)

Please describe the factors affecting the facility physical limit: _____
(pump capacity, permit limit, etc.)

ADDITIONAL SOURCES

SOURCE 2: Source Name: _____

☐ Ground Water ☐ Surface Water ☐ Supplied by Others _____
(specify water supplier)

If ground water, type of well

☐ Drilled in gravel ☐ Drilled in bedrock ☐ Dug ☐ Other (describe) _____

Source Location: _____
Street Town Zip

Is this source for a specific type of water use? ☐ YES ☐ NO Type: _____

Method of Measurement: ☐ Meter ☐ Flume/Weir ☐ Other _____

Facility Physical Limit _____ (Units) _____
(Maximum amount of water which can be withdrawn)

Please describe the factors affecting the facility physical limit: _____
(pump capacity, permit limit, etc.)

SOURCE 3: Source Name: _____

☐ Ground Water ☐ Surface Water ☐ Supplied by Others _____
(specify water supplier)

If ground water, type of well

☐ Drilled in gravel ☐ Drilled in bedrock ☐ Dug ☐ Other (describe) _____

Source Location: _____
Street Town Zip

Is this source for a specific type of water use? ☐ YES ☐ NO Type: _____

Method of Measurement: ☐ Meter ☐ Flume/Weir ☐ Other _____

Facility Physical Limit _____ (Units) _____
(Maximum amount of water which can be withdrawn)

Please describe the factors affecting the facility physical limit: _____
(pump capacity, permit limit, etc.)

ADDITIONAL DESTINATIONS

DESTINATION 2: Destination Name: _____

- ☐ Ground Water ☐ Surface Water ☐ Delivered to Others
☐ Snowmaking ☐ Irrigation
☐ Other (describe) _____

Destination Location: _____
Street Town Zip

Is this destination for a specific type of water use? ☐ YES ☐ NO Type: _____

Method of Measurement: ☐ Meter ☐ Flume/Weir ☐ Other _____

Facility Physical Limit _____ (Units) _____
(Maximum amount of water which can be withdrawn)

Please describe the factors affecting the facility physical limit: _____
(pump capacity, permit limit, etc.)

DESTINATION 3: Destination Name: _____

- ☐ Ground Water ☐ Surface Water ☐ Delivered to Others
☐ Snowmaking ☐ Irrigation
☐ Other (describe) _____

Destination Location: _____
Street Town Zip

Is this destination for a specific type of water use? ☐ YES ☐ NO Type: _____

Method of Measurement: ☐ Meter ☐ Flume/Weir ☐ Other _____

Facility Physical Limit _____ (Units) _____
(Maximum amount of water which can be withdrawn)

Please describe the factors affecting the facility physical limit: _____
(pump capacity, permit limit, etc.)

WATER USE REGISTRATION FORM

LINE BY LINE INSTRUCTIONS

LOCATION MAP GUIDANCE

A topographic map or aerial photograph at a scale of 1:25,000 metric, 1:24,000 English, or larger, must be included. The map should depict all data included on the most current version of the United States Geological Survey topographic quadrangle map of the same geographical area and identify the location of your facility and its point(s) of withdrawal and/or discharge. If a topographic map is not used, a recent aerial photo of the property from the USDA Farm Service Agency (FSA) National Agricultural Imagery Program (NAIP) may be used.

The base map should meet the following minimum requirements.

- TOPOGRAPHIC BASE or NAIP AERIAL PHOTO
- USGS QUADRANGLE NAME AND DATE OF LAST REVISION, OR DATE OF FLIGHT IF NAIP PHOTO IS USED
- SCALE SHOWN (preferably 1:24,000 or larger)
- NORTH ARROW
- DISTANCE AND DIRECTION TO NEAREST TOWN OR CITY IF NOT SHOWN ON MAP

The following locations should be marked on the map with the symbols shown.

- | | | |
|--------------------------|---|---|
| F | - | Farm |
| S | - | Withdrawal Point (S1, S2, S3, . . .) |
| D | - | Discharge Point (D1, D2, D3, . . .) |
| <input type="checkbox"/> | - | Draw Boundaries of contiguous areas of 5 or more acres that are subject to irrigation |

If your water is obtained from or delivered to another facility, as identified on the form, only mark the facility location on the map.

GENERAL INFORMATION

NAME OF USER - This is the name of the owner of the farm. It can be a private or public corporation, institution, city, town, business or individual.

MAILING ADDRESS - This is the address to which all correspondence should be sent.

NAME AND LOCATION OF FARM - This is the location of the point of use. The farm may be in a different location from the business office. If a water user has two or more farms at different locations, EACH FARM MUST BE REGISTERED SEPARATELY. The location must be identified on an accompanying location map.

CONTACT PERSON - This is the person who is responsible for measuring water usage and completing the reporting form.

TYPE OF USE - This describes the general purpose for the use of water. Check the appropriate box. Write in a description after "other" if necessary.

ADDITIONAL INFORMATION

ACRES IRRIGATED – Please provide the number of acres irrigated, and include a drawing on the map.

TYPE OF IRRIGATION – What type of irrigation technique is used (traveling gun, drip/trickle, etc.)

IS WATER RECYCLED – Please indicate if water is recycled and estimate the percentage of water that is recycled.

IS WASTEWATER RECLAIMED – Please indicate if wastewater is reclaimed and the percentage of wastewater that is reclaimed.

ESTIMATED USAGE

ESTIMATED USAGE – Please estimate average daily use, maximum daily use, and total annual use at the facility.

IN UNITS OF – Please indicate how the volumes in estimated usage are expressed; gallons, or cubic feet, etc.

SOURCE INFORMATION

Please complete a source information section for each source used and mark the source location on the location map if you withdraw ground or surface water.

SOURCE NAME - Please indicate the name of the well, wellfield, stream, river, lake, or supplier. If water is received from a supplier please include the name of the public water supplier.

GROUND WATER - Check this box if you withdraw water from wells or springs. A group of wells in one area which constitute a wellfield can be reported as one source. Indicate the type of well construction by checking the appropriate box.

SURFACE WATER - Check this box if you withdraw water from a lake, pond, river, stream, wetland or tidal waters.

SUPPLIED BY OTHERS - Check this box if your water is supplied by a public or private water supplier.

IF GROUNDWATER, TYPE OF WELL – If you indicated that the source is a groundwater source, please indicate the type of well used to withdraw water.

SOURCE LOCATION - If the source is next to the facility write "same". If the water is withdrawn from a source more than a half mile away, please describe the source location. In addition to the description please mark the source location on a map.

METHOD OF MEASUREMENT – Please indicate the measurement method technique used for the source by checking the appropriate box. Please describe other measuring techniques as appropriate.

FACILITY PHYSICAL LIMIT - This is the maximum amount of water which could be withdrawn with the present pumps, intakes, wells, pipes, etc. You probably do not use this much water but this is the limitation imposed by size of the system. Also indicate the factors that affect the physical limit identified above.

DESTINATION INFORMATION

Please complete a destination information section for each point of discharge and mark the destination location on the location map if you discharge water to surface or ground water.

DESTINATION NAME - Please identify the name of the wellfield, stream, river, lake, or other water recipient as you know it.

GROUND WATER - Check this box if you discharge water into a leach field, or injection well.

SURFACE WATER - Check this box if you discharge water to a stream, river, lake, pond, wetland or tidal waters.

DELIVERED TO OTHERS - Check this box if you deliver water either to other water users or a waste water treatment facility.

DESTINATION LOCATION - If the destination is next to the facility write "same". If the water is released at a point more than a half mile away, please describe the destination location. In addition to the description please mark the destination location on a map.

METHOD OF MEASUREMENT – Please indicate the measurement method technique used for the destination by checking the appropriate box. Please describe other measuring techniques as appropriate.

FACILITY PHYSICAL LIMIT - This is the maximum amount of water which could be discharged with the present pumps and pipes. You probably do not discharge this much water but this is the limitation imposed by the size of the system. Also indicate the factors that affect the physical limit identified above.